



ABN: 21 471 474 869 180 Greenbah Road, Moree NSW 2400 Ph: (02) 6752 5036

APPLICATION FOR ADMISSION

Date of Application:/...../....../

Important Information: All applicants MUST read the Application Information before completing this form. All questions must be completed. **All information supplied remains confidential** and is protected by privacy legislation. Please be honest in your answers. Any communication regarding this application is to be directed to the Intake Officer. **Please confirm by circling below that you have read and understand the information given in the information pack and that you are 18 years of age or older.**

Please circle YES

BEFORE PRCEEDING WITH THIS APPLICATION, PLEASE INDICATE:		
Do you have any current charges or past convictions for any sexual offence?	Yes	No
Are you currently taking prescribed Methadone, Buprenorphine or other opiates (e.g. Codeine or Morphine), Benzodiazepines (e.g. Valium), Ritalin, or anti-psychotic Medication (including Seroquel and Zyprexa)	Yes	No
Do you have any current diagnosis for major depression, schizophrenia, mood Disorder or drug related psychosis?	Yes	No
Are you under the care of a Public Guardian or Trustee?	Yes	No
Are you currently charged with, or do you have previous convictions for major Crimes of violence (e.g. murder, manslaughter, GBH?)	Yes	No
STOP		

If you have answered YES to any of the above questions, you need to phone the Intake Officer before proceeding any further

Family Name: .		•	Resident Applicatior		eferred Name	e :
Date of Birth:		Age:				
Please Circle w	hich applies:	Aboriginal	Torres Strait I	slander	Both	Neither
If you identify a (Optional)	as Aboriginal, v	vhich nation o	do you identify as c	oming f	rom:	
Current Addres which prison yo			ase give your usual	address	s – and indica	ate below
Usual Address:						
If in custody, w	hich Correctio	nal Facility ar	e you in:			
Your mobile ph	one number (i	f applicable):				
Please circle w	hich of these k	est describe	s your <u>usual</u> accom	modati	on:	
Renting	Boardin	5	Own your Home		Staying with	Friends/Family
		No Fixed Ad	ddress Otl	her		
Have you ever	been previous	ly admitted	to Maayu Mali?		Yes	No
If yes Year:			Length of Sta	y:		
Are you in a cu	rrent relations	ship?			Yes	No
What is your c	urrent employ	ment/incom	e status:			
Employed Full	Time Emplo	oyed P/T (Mo	re than 20 hours)	Employ	yed P/T (less	than 20 hours)
Pension	Stude	ent	Unemployed		Other	
If you are on a	Centrelink bei	nefit, which c	lo you receive?			
Age Pension	Disability Su	pport Pensio	n Parenting Pa	yment	Carer's P	ayment
Newstart	Youth Allow	ance	Abstudy		Austudy	
Do you think y	ou have a prol	plem with dru	ugs and/or alcohol	?	Yes	No
What alcohol/	drugs do you c	or have you u	sed:			
When did you	last use drugs	or alcohol?				
What and how	much did you	use?				
If your applica	tion is accepted	l, this requiren	be drug and alcohol nent and options for ed with you once a be	a withdr	awal manager	ment program

Do you have a	ny current le	egal matte	rs before	e the courts o	r parole bo	ard?	Yes	No
Are you on:	Remand	Bailed	Serving	g a Sentence ir	n Prison	On a Bond	A	opeal
ls your applica	tion related	to a Supre	me Court	t Bail applicati	on?		Yes	No
When is your r date of parole	•	•	date? (If	more than 1 r	natter, list	all court da	tes – ir	nclude
Court date:	/	/		Where is the	e matter list	ted:,	/	/
Court date:	/	/	••••	Where is the	e matter list	ted:,	/	/
What charges	are you facir	ıg?:						
Are you currer	ntly under th	e supervisi	on of Pro	obation and Pa	arole?		Yes	No
Who is your pa	arole officer?).			Which of	fice?:		
Are you seekir	ng admission	as a condi	tion of a	Court, Parole,	Bond or B	ail Order?	Yes	No

If you have matters before the Courts or are applying as a condition of a bond or parole order, you or your legal representative or Probation and Parole office must be willing to provide a copy of your criminal history (or authorised summary) and a copy of any orders (Bail, Bond or Parole)

Your application will not be processed without this documentation

Do you have any ADVOs of AVOs currently in place?	Yes	No
If you have a current ADVO or AVO in place you must provide a copy of the ADVO the conditions before your application can be finalised) or AV() and
If you have a solicitor or legal representative:		
Name of your solicitor/legal representative:		
Company/Firm: Phone:		
To the best of your knowledge are you related to, or do you have a relationship wi	th any s	taff
members of Maayu Mali?	Yes	No
If yes, what is the staff members name and what is the relationship?		

Do you have any current medication conditions or significant health issues? Yes No

Condition	Do you take medication(s)? – write them down here

Referral Service Use Only – To be completed by whoever is supporting or referring you to us
Name of Referrer Organisation
Telephone No Fax Fax Email Address
In referring this person I/we agree to assist the applicant to contact Maayu Mali and to undertake processed needed to complete the assessment of this application. If/when approved and admission occurs, I/we agree to assist the applicant with organising documentation related to legal and health matters, transport, clothing and toiletries and ID documents. If you cannot assist through this process, please indicate here
Referrer's Signature:

It is strongly advised that you phone us to discuss this referral - the more information we have the sooner we can assess the suitability and priority of your client

Thank you for your application. Please read and sign this declaration

I State that the information provided by me in this application is true to the best of my knowledge. I acknowledge that should information be obtained after acceptance, which was not disclosed in this application, which changes my circumstances such that I no longer fit the criteria for entry, then my application will be rejected or tenancy at Maayu Mali will be terminated.

Signature of Applicant: Date:

You will now need to lodge this form and **contact us within 2 working days** – we will ask you questions to gather more detailed information to assist us with your application to see if our services can provide for your needs and to give you some indication of when that may occur. **If you do not keep in contact with us we cannot process your application.**

Please be aware that immediate beds are rarely available and there is a waiting list.